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EDITORS.

## A NOTABLE CASE.

Every now and then it happens that a doctor, mistaking a fracture near the hip for a dislocation, covers his retreat by saying that both injuries were present; but it is rare indeed for the double accident to happen. The fracture of the bone seems to act as a safety-valve through which the forces which might have disjoined the limb make their escape. At any rate, few cases are on record, and few surgeons have any experience in the double injury, regarding its occurrence as chimerical, and happening chiefly to those who have had little experience in such matters.

But now comes Dr. J. B. Murdoch, of Pittsburgh, a surgeon of most excellent repute, and details a case, in the Transactions of the Pennsylvania State Society for 1878, where there were both fracture and dislocation of the hip, and where the dislocation was undetected—nay, unsuspected—from the time of the accident to the death of the patient, one year later, when the post-mortem revealed the fact.

It is a highly instructive case. A flagman on the Pennsylvania Railroad in attempting to couple cars falls between them, two cars passing over him—the brake-rods, but not the wheels, striking him. When examined, two hours later, a fracture of the upper third of right femur is easily discovered. Its direction can be made out from above downward, and before backward. All the usual signs of fracture are present—the eversion, shortening, and *tilting of the upper fragment*.

VOL. VII.—No. 3

The last symptom is persistent. No amount of compression or extension will overcome it; and so at length, as it will not come down, the lower fragment is carried up to meet it. Buck's extension, Smith's anterior splint, and the plaster apparatus are in turn applied; but the result after all is the non-union of the bone and the rebellious projection of the upper piece. Meanwhile half a dozen surgeons of Pittsburgh have seen the case, and not one has suggested a dislocation. Then the patient gets fretful; goes to New York, where he sees several other surgeons. The dislocation is still undiscovered, and resection is advised. It is done skillfully (though reluctantly) by Dr. McCann, of Pittsburgh. Later there is secondary hemorrhage, and the patient dies on the anniversary of his injury. Then a post-mortem examination reveals the fact that the head of the bone is out of its socket, and resting upon the body of the ischium in the groove between the lower lip of the acetabulum and the tuberosity. How clear it all was then! But, says Dr. Murdoch, how on earth could a score of surgeons fail to detect this dislocation during the man's life-time, and that, too, when the signs of dislocation at the hip are among the most exactly determined and plainest points laid down in surgery? Dr. Murdoch well remarks that the vast majority of these signs depend upon the intact limb—the rigidity, flexed knee, inverted or projecting toes, etc.—which are of course destroyed by a concurrent fracture. The most obscure of the signs of dislocation of the hip are those which spring from local deformity. Dr. Murdoch, with the lesson of the present case before him, truly says the great test for de-

termining the co-existence of dislocation of the hip with fracture of the femur must be the *immobility of the upper fragment*. In uncomplicated fracture the upper fragment is tilted forward by the action of the psoas and iliac muscles; but it drops into place under anæsthesia, or upon the application of proper apparatus. If it persists in pointing forward, and will not yield to persuasion or force, it means dislocation. Nélaton's test-line for the comparative position of the trochanter is also mentioned, but it deserves a very minor consideration.

The diagnosis being made, an equally grave question arises in regard to the treatment of the injury. It is all very well, says Dr. Murdoch, to follow Bigelow's advice—to put on temporary splints, and attempt reduction by flexion and manipulation—when the fracture is low enough down for splints to have any influence on the upper fragment of the bone; but when the bone, as in the present case, was broken within a few inches of the neck, he regards the procedure as utterly useless. He has no faith, either, in manipulation with muscular subjects, though he thinks the trial should be made. After every effort has been made, and still the bone is unreduced, what then? Dr. Murdoch is not disposed to try again to get union of the fracture first, and afterward attempt reduction with the longer shaft. He would give up all attempts at union then and there. He would put the man upon crutches as early as possible, and look to a false joint as the best possible result; for then, though the limb be shorter, it would hang in its natural position. Still it would be utterly useless. And here is the only point upon which we are disposed to disagree with Dr. Murdoch. We would try for union even if we had to hoist the lower leg until it pointed to the ceiling to meet the upper fragment properly. If we could get the union, even though we should fail to reduce the dislocation, a false joint of that sort is not half so disastrous as one which comes from fracture; and if the limb projected forward at first, time might bring it

to its fellow's side. But Dr. Murdoch has studied the subject thoroughly in all its bearings, and his *dicta* are entitled to every respect. We seldom have read a surgical paper with more satisfaction than this faithful report which Dr. Murdoch has given us.

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THE Jefferson County Convention, which met in Louisville on January 4th, instructed its delegates to vote for Dr. Luke P. Blackburn for governor at the State Convention, which holds in May. The counties of Ballard and Simpson, Trimble and Nicholas, have also so instructed, and all indications go to show that in the state at large Dr. Blackburn is foremost in the minds and hearts of the people. This enthusiasm should be properly directed, and it behooves the friends of Dr. Blackburn throughout the state to organize in his behalf, and see that his interests are properly represented at the primary meetings. With proper exertion his nomination by an overwhelming vote will be easily secured.

Of course it ill becomes a medical journal to meddle with politics; and we distinctly aver we see no politics in this matter. There is no array of parties in the state; and we make our appeal as doctors to doctors, in behalf of a very worthy brother who aspires to the gubernatorial honors. It is time the profession was being represented in the highest political places; it will be a good thing for every body to have it represented there, and we know of no one who will do it better than Doctor Blackburn.

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WE trust that the Yellow Fever Commission may determine at last to come to Louisville. It could pick up a lot of very useful information here; far more, we think, than in many of the more thoroughly infected localities. When the epidemic gets under full headway the individuality of the cases is lost, and the tracing of causes impossible. Astronomers who wish to study the light of the sun do not look at it in

its full glare, but deem it worth their while and great expense to seize the few moments of an eclipse to gaze at its corona. Let the commission move along the edge of the fiery plague, follow the Porter up the Ohio, linger especially at Louisville and Gallipolis, send a detachment through Huntsville and Nashville, and we venture to say it will get something more definite than it has as yet published.

Mr. Stanley Mathews did not seem to have a very exalted opinion of the yellow-fever experts serving on the congressional committee, when he moved (and secured the adoption of his resolution) that their pay should be ten dollars a day and actual expenses while on duty. It was not thus with the committees which have visited Louisiana from time to time to examine into its political epidemics, if we may judge by the bills sent in to Congress. One fellow, we remember, got a thousand dollars for a week or two's sojourn at the St. Charles; and nine out of ten got office. "Actual expenses," too, with the political gentry seems to have meant cigars, champagne, unlimited poker, and quadron balls. We trust our brethren will not spare the provender, seeing that the pay is not over-brilliant. The fact is, the doctor is sadly needed in politics.

If there be any thing in the theory of yellow-fever germ and the influence of cold thereon, the country is safe for this year. The cold has been so intense, and extended so far south, that about three years' growth may be supposed to have been frozen out of any lingering germs. Ice was stored as far south as Atlanta.

THE bark Emily Souder, which, according to all testimony as yet published, had about as much to do with the introduction of the yellow fever of 1878 into New Orleans as had the Cunard Line of steamers, lately foundered at sea.

## Reviews.

**Visions; A Study of False Sight (Pseudopia).**  
By EDW. H. CLARKE, M.D. Boston: Houghton, Osgood & Co. Cambridge: The Riverside Press. 1878.

This charming little book has already been read by a very large number of physicians and other lovers of science, and those who have not read it have a great treat in store for them. At a future day we shall take occasion to speak of it more fully.

**Modern Medical Therapeutics: A Compendium of Recent Formulæ and Specific Therapeutical Directions, from the Practice of eminent contemporary Physicians, American and Foreign.** By GEORGE H. NAPHEYS, A. M., M.D. Extra sixth edition, enlarged and revised. Philadelphia: D. G. Brinton. 1879.

This eminently practical and useful work was reviewed at great length some months ago in the LOUISVILLE MEDICAL NEWS. Its title shows what it is. Every practitioner who does not possess it should hasten to purchase it.

## Miscellany.

THE GENESIS OF BRONCHITIS IN CHILDREN.—Fothergill's letter in Philadelphia Medical Times: The genesis of bronchitis is now a simple study. These unfortunate children, crying and moaning, breathe almost exclusively through their mouths, and so do not benefit by the arrangements in their noses for warming the inspired air when it takes its normal and proper course. What betwixt the swollen nasal membrane limiting the caliber of the nasal air-passages, and the ready entrance offered by the open mouth, the poor little bodies are industriously courting death. Nor are their efforts unsuccessful. Myriads of them will never see Candlemas day, especially in the cotton, coal, and iron districts, where the operatives in thousands are lying idle. Even after the fullest expiration a certain amount of air remains within the thorax at or near the temperature of the body. When air is respired through the nostrils it is heated by the warm plates of the turbinated bones, with their rich vascular supply over them in their mucous membrane. But these poor children, crying and moaning, breathe almost exclusively by the mouth, and but lit-

tle by the nostrils, which are more or less plugged with mucus that the little custodians are not watchful in removing. Consequently they inspire the cold air, and the residual air in the lungs becomes persistently chilled, and then hyperæmia of the bronchial lining membrane follows, and runs on into inflammation. The struggle for life is very brief with these ill-nourished infants. The respiratory center can not carry on a long fight, the bronchiæ become choked with phlegm, which the organism is unequal to removing, and then the life flickers out. It is unfortunately quite impossible to see how such disease is to be prevented, at least in the present state of our knowledge. As to treatment, it must be as energetic as circumstances will permit; and I am inclined to think that the effects of temperature on the centers of the circulation and the respiration are not sufficiently attended to. The effect of a low temperature is to lessen the activity of these two centers, while heat stimulates them. Consequently, when the body temperature falls, these centers are partially paralyzed, and the advantage to be derived from hot drinks and the jacket poultice are obvious. They greatly aid the action of direct stimulants to those centers, as ammonia, strychnia, belladonna, etc.

**THE YELLOW FEVER IN SOUTHERN KENTUCKY.**—Correspondence Medical and Surgical Reporter: Bowling Green is situated two hundred and sixty-one miles from Memphis, and we had daily communication by rail during the prevalence of the plague. We had, as a consequence, fifteen imported cases, with seven deaths; and about thirty natives with twelve deaths; but I am certain that, after a thorough investigation, not a single indigenous case is traceable to an imported one.

The question naturally arises, what were the factors in the development of the disease at this point? The germs or fomites were brought by trains from the infected district, as the first cases will abundantly prove. These occurred in the only three houses that stood fronting the railroad side-track (distance sixty feet), where passenger coaches, sleepers, and occasionally hospital cars, were swept, cleaned, and aired, after a trip to the fever-stricken districts. Ten cases occurred in the three dwellings fronting this side-track, and the rest of the stricken cases were persons that visited the first cases or resided in the immediate vicinity, with the exception of one case, and this could not be traced, un-

less she received the poison from washing her son's clothing, he being a railroader.

Three passenger conductors with their crews ran constantly to Memphis during the prevailing epidemic. To protect themselves as much as possible from exposure to the fever, they would return seven miles, to the first station, remain over night, and go back to Memphis next morning before starting on their return trip. After a while, the disease developing in a violent form at that point, they concluded to fall back to a station called Galloway, twenty-eight miles from Memphis. On arriving there the citizens opposed their stopping, but their resident physician, Dr. Terry, prevailed on them to allow them to remain, assuring them that they need not have any apprehension, and showed his faith by inviting the conductor to sleep with him, as the town did not afford any hotel accommodations. He accepted the invitation and slept with the doctor, and so did the two succeeding conductors. Imagine the surprise of the first conductor, three or four days following, on his return, to find the doctor sick with yellow fever, and his death occurred after an illness of forty-eight hours. Seven deaths succeeded immediately, in a population of not more than fifty to seventy-five inhabitants. No case had occurred previous to the arrival of the conductors with their trains.

**CHARITY FOR ERRORS IN DIAGNOSIS.**—Prof. D. Hayes Agnew, in his address before the Pennsylvania Medical Society, closes with the following beautiful words:

There are some persons who never commit errors, or, committing them, never have the magnanimity to acknowledge that they were deceived. I confess that I am humbled every year in making errors in diagnosis. Like Lucretius, I sink the lead over and over again and find no bottom. Indeed, I know I shall never attain to such an imperial reach of wisdom that disease will surrender all its secrets at my bidding. I shall make mistakes as long as I am in the flesh. There never was but one physician who knew all the truth, and He was divine.

With what tenderness does nature conceal her unsightly deformities by the interlacing tendrils of ivy or rhus, which she so ingeniously spreads over the smitten tree or the rugged cliff. Emulating her example, let us over each other's imperfections draw with loving hand the veil of charity.

There are few medical men, we imagine, who were taught in Philadelphia during the last two decades that do not remember with pleasure the lectures of Professor Agnew at the Pennsylvania Hospital. There was so much earnestness, common sense, and honesty in his discourse that Prof. Agnew was a favorite with all the schools.



**THE CAUSES OF SUDDEN DEATH DURING COLD WEATHER.**—Fothergill's letter in Philadelphia Med. Times: When cold weather comes on quickly the newspapers contain accounts of a number of sudden deaths, especially in people advanced in years. Heart-failure and apoplexy are the causes of sudden death, while respiratory diseases do not usually kill in less than two or three days, unless it be pulmonary congestion or apoplexy, which Rokitansky held was a common cause of rapid death. Heart-troubles manifest themselves in the form of angina pectoris and heart-failure in diastole. The sudden rise of blood-pressure offers an obstruction to the onward flow of the blood, and then one of two things follows: the heart contracts more vigorously, even palpitating in its efforts to force forward the blood, or it is unequal to doing so, and becomes acutely distended. Sudden distension of the heart is a not uncommon cause of death occurring suddenly. Here the heart-muscle is paralyzed by the distension, and is found at the autopsy flaccid in diastole. This serious result is most common in those who are the subjects of degeneration of the heart-walls. So long as the muscular tissue is in its integrity the heart-walls struggle away, palpitation and irregularity testifying to the strain put upon them; but when their structural integrity is impaired, and especially when their nutrition is interfered with by atheroma of the coronary vessels, then any acute taxation is badly borne. The history of the deaths from angina pectoris is very instructive. In all—even in Arnold of Rugby, who died in his first attack—there are evidences of disease of the muscular walls. In the case of John Hunter, the great anatomist, there was a history of anginal attacks for twenty years preceding his death; and when at last the final attack came, it was found that the coronary arteries were converted into bony canals. Nothnägel tells of a case of angina pectoris brought on by travel in a post-wagon in very cold weather, and adds the term vasomotor to this form of angina. When, then, there is a structural degeneration, either in the heart-walls or in the arterial tunics, the rise of blood-pressure in the arteries becomes a grave source of danger. If the heart still remains powerful, the risk of arterial rupture is greatly increased. Where the heart is undergoing decay, and so is weakened, the risk of apoplexy is lessened, but that of heart-failure is proportionately increased. Even invalids confined to their rooms feel the

changes of external temperature, in their vascular system if not consciously, and are not safe from the baneful effects thereof. The great importance of warm clothing for the aged, and especially those whose kidneys and vascular system are involved in general degenerative changes, can not be overestimated, and the most scrupulous attention to this matter is desirable on the part of their medical attendants.

**INFANTILE LARYNGISMUS PRODUCED BY A FEATHER IN THE INTESTINE.**—Dr. Chamberlain reported to the New York Obstetrical Society a case which had fallen under the observation of a medical friend. An infant, aged five months, was supposed to be suffering from membranous croup. The hoarseness began early in the morning, increased through the day, and when the medical attendant arrived in the night, there were severe symptoms of laryngeal obstruction. It was stated by the mother that for two or three days the child had seemed to be suffering from colic, and that a carminative mixture was administered, with the effect of relieving the pain, and at the same time producing constipation. Learning of the constipation, it occurred to the doctor to examine the rectum. In the pouches of rectum was a plug, which, when removed, was covered with puriform mucus, and measured three and a half to four inches in length. As soon as the plug was removed, the symptoms of croup immediately disappeared. When the plug was dissolved, it was found to have for its nucleus a *white feather*. It was regarded as a case of laryngismus stridulus, produced by irritation in the rectum.—*Med. and Surg. Reporter*.

**A YOUNG FRATRICIDE.**—A case of poisoning by carbolic acid recently occurred at Springbourne, the victim being an infant only six weeks old. An elder brother of the child had been suffering from ringworm, and the mother of the family had received from a chemist a liniment, the main ingredient of which was a strong solution of carbolic acid. During the temporary absence of the mother another child, only nineteen months old, had contrived to reach the bottle on the shelf, and to pour some of the contents into the mouth of his infant brother, as he lay in a basket by the side of the fireplace. The infant sufferer's mouth and throat were corroded, and he died in about eighteen hours with all the symptoms of irritant poisoning. *London Med. Times and Gazette*.

**COLD FEET A CAUSE OF SLEEPLESSNESS—THE PROPER REMEDY.**—Fothergill's letter to Philadelphia Med. Times: The question of the effects of spasmodic contraction of the arteries and arterioles of the extremities, especially in connection with cold weather, presents itself in an interesting aspect in relation to *sleeplessness*. It is now widely known that a condition of cerebral anæmia is essential to sleep, and that if the arterial vascularity of the brain is kept up sleep is out of the question. If, then, the extremities be cold, sleep can not be successfully wooed. An old theological writer, when weary with long writing, kept sleep at bay by immersing his feet in cold water; by so driving the blood to the head he could continue his labors. Whether they were worth much after such expedients may be open to question. With many women cold feet are their bane; they are miserable when awake, and can scarcely get to sleep. If they can get their feet warm, then they can sleep, but not otherwise. But how to get their feet warm is the question with them. Hot bottles to their feet are but partially effective, and often are a complete failure. Now Dr. George Johnson has pointed out that with the dry imperspirable skin of certain persons with chronic Bright's disease perspiration can not be induced by warm baths. But if the person be first wrapped in a cold pack, so as to drive the cutaneous arterioles into spasmodic contraction, subsequent paralysis readily follows upon the patient being placed in a warm bath; the vessels become thoroughly dilated, and then perspiration follows. The spasmodic contraction is essential and necessary to the consequential dilatation; and the same holds good of the cold feet of women. Tight boots prevent the free flow of arterial blood through the feet during the day, and the subsequent dilatation which follows with some persons does not occur with others. Indeed it would seem that the anæmia caused by the pressure remains, and the feet are stone cold. Putting them to the fire gives temporary warmth, and so does the hot bottle in bed, so long as it remains itself hot; but as it cools the feet again become cold, and sleep can not be wooed successfully. What should be done is to dip the feet momentarily into cold water, and then have them well rubbed with hair gloves or a rough towel until they glow. This seems a very unattractive plan to many minds; but it is just the story of the snowballer's hands. At first the contact of the snow makes the

fingers very cold; but perseverance is rewarded by a glow which may become almost a burning heat; the primary contraction of the vessels is followed by a secondary dilatation. This is what we will accomplish by the immersion, for a brief period only, of the feet in cold water, followed by friction. By such means the cold feet become warm, and after this a hot bottle to the feet will keep them warm effectually. With my patients at the hospital the complaint of bad nights now evokes the question, "Are your feet cold?" And the answer very commonly is, "O, dreadful!" And it will be found that all narcotics, draughts, pills, or lozenges are futile to procure sleep as long as the condition of the feet is not attended to. Subject the feet to appropriate treatment, and then the sleeping-draught will be successful and attain the end for which it is administered. Macnish said of sleep, "Sleep which shuns the light embraces darkness, and they lie down together most lovingly under the scepter of midnight." Very true; but cold feet will upset the whole arrangement very thoroughly.

**THE ROMAN CAMPAGNA.**—In connection with the bill now under discussion in the Italian Chamber for the reclamation of the Roman campagna, Dr. Guido Baccelli, professor of clinical medicine at the Sapienza, has drawn up a report containing many observations and suggestions which are well worthy of the attention of the physician and the sanitary reformer. Reducing the area of reclaimable soil to little more than five chilometers beyond the already cultivated margin round the city, Professor Baccelli is convinced that the undertaking is of such magnitude that it can be completed only by a series of gradually concentric zones. As to the malaria he says: "It is autochthonous; it may be trodden out; it does not diffuse itself to great distances from its source; it does not rise to any great altitude; and therefore the work of reclamation should be concentrated by means of zones limited in radius, and near the city; the more pestiferous tracts, when they lie in the direction of the most usually prevalent winds, should be fenced with trees; but large sums should not be expended in remoter works, for the purpose of combating an imaginary enemy. It is always possible, even in the most degenerate spots, for the hand of man to reclaim zone after zone of soil, till a habitable oasis has been conquered from the pestiferous territory."—*London Lancet*.

**DRUNKEN DREAMS.**—In a work recently published in Paris, M. Vedel studies the dreams of confirmed drunkards. Among other things he notes the frequency of the vision of animals. And it is serpents, rats, mice, etc. the inebriate sees most, animals which, though common, are far from presenting themselves so frequently in his waking hours as, for example, dogs, or cats, or birds. Never, or very rarely, does the drunkard dream of ferocious animals. The reason of these peculiarities does not clearly appear. An explanation, suggested by a writer in *Les Mondes*, is this: The taking of alcohol excites all the cerebral functions, exaggerating especially those of activity. Its repeated use may cause passive congestion of the parts of the brain that govern movements. The physiological relations between these motors and the periphery of the body become altered; hence, during sleep, all the impressions coming from the periphery are transformed into tickling or pricking sensations of sudden and fugitive character, which awaken in the brain of the sleeper the idea of animals which crawl or run like serpents and mice.—*Boston Journal of Chemistry*.

**ADULT MEDICAL EDUCATION.**—The suggestions of Prof. Thompson, in his address before the Academy of Medicine regarding the necessity of adult medical education in this country, are worthy of serious consideration. In truth, there are no arrangements by which medical teaching can be given to practitioners such as is freely offered in Great Britain or on the Continent. The question which we should seriously ask ourselves is, whether it is not time that a proper initiative should be taken and some suitable place selected for the delivery of lectures upon special subjects by experts. There is no doubt that such courses would be popular with the profession, and would entirely replace the attendance upon medical lectures in our colleges, which seems to be the only resource at present for the practitioner who wishes to brush up his knowledge. The experiment deserves a trial, and the Academy could not do a wiser or better thing than take the matter seriously in hand. The worthy president of that organization is keenly alive to the true interests of the profession in this city, and needs no hint to point out the best course to be pursued.—*N. Y. Med. Record*.

An ill-tempered lay journal states the three degrees in medical treatment thus: positive, ill; comparative, pill; superlative, bill.

## Selections.

### LACERATION OF THE CERVIX UTERI.

Dr. William Goodell, of Philadelphia, in his address upon Obstetrics, before the Pennsylvania State Medical Society, took for his subject Laceration of the Cervix Uteri, and gave a very interesting discourse upon the cause, effects, diagnosis, and treatment of this injury, from which we make several extracts.

**Cause of Laceration of the Cervix Uteri.**—The cervix uteri often gives way during labor, far more frequently than it ought, far more frequently, indeed, than it would were nature oftener allowed to take the lead. In these busy days there is unfortunately a tendency to urge on labor, more, I fear, for the sake of the physician than for that of his patient. The means used for this purpose are, the early rupture of the membranes, the administration of ergot, the resort to the forceps before the os uteri has become dilatable, and the efforts made to push up the thinned-out cervix over the presenting part. Now, these means hasten the passage of the head through the os uteri, and consequently they are fraught with danger to the integrity of the cervix. Among them the early breaking of the bag of waters takes rank, for it is far more frequently resorted to than any other mode of quickening labor. If the chief end of the obstetrician be to deliver his patient *quickly*, the early rupture of the bag of waters is a means to the end. But if his chief end is to deliver his patient *safely*, then he must, other things being equal, let the membranes alone until the os has fully opened. And this advice holds with greater force in first labors, in which such rents of the cervix uteri far more frequently take place.

**Effects of Laceration of the Cervix.**—After showing that those lacerations which occupy the posterior or anterior lips, or even cleave the cervix through the conjugate diameter, are those which are apt to heal by first intention, he says, when immediate union takes place, nothing untoward happens besides the primary symptom of bleeding. But if the wound is a deep one, and slow to heal up, or it gaps open and fails to close, symptoms of perimetritis, or of parametritis, are, in my experience, pretty sure to show themselves. On the third or the fourth day the woman will complain of pain in that broad ligament, which corresponds to the torn side of the cervix. This pain is often ushered in by a chill. Occasionally, if the rent be a double one, after the inflammation has subsided on one side, it will take a fresh start on the other. The pulse keeps up and the body-heat high. Sometimes pain will be absent, and the inflammatory symptoms latent, yet the convalescence will be slow, unaccountably so, unless firm pressure be made in each iliac fossa, when the woman will flinch. By retarding the process of involution, such inflammations keep the womb bulky, make the lochia too abundant, and delay the convalescence. If the rent heals up, the woman's health will in time become re-established; but should no union take place, she will never be the same woman that she was before her labor. When she leaves her bed she may complain of a sense of weight in the pelvic regions, of backache, of a constant tired feeling, of loss of sexual desire, of pain during coition, or of a show following it. Her linen will be stained and stiffened by an abundant leucorrhoeal discharge. The menses will be profuse, and the intervals between them shorter. In time the nervous system will become deranged. The

woman loses sleep, and gets to be a complaining and an hysterical creature—perhaps, indeed, a confirmed invalid. Sometimes lactation will stave off these symptoms, by keeping the menses in check, and by its derivative action on the blood circulating in the womb. But as soon as the child is weaned, or the menses reappear, the woman will begin to complain.

**Why Laceration of the Cervix is followed by its Train of Symptoms.**—Now what has happened to produce all this turmoil? The rent in the cervix has not healed up, and its flaps have spread apart and curled over like a split celery-top, exposing the cervical canal. Chafed by constant attrition upon the posterior vaginal wall, the now unshielded lining membrane of this canal begins to shed its epithelium faster than it can be replaced, and becomes raw. Involution is arrested, and the heavy womb, having lost its vaginal prop, either sags down or flops over backward. Then, losing its angle of attachment to the vagina, it comes to lie more like the stopper of a bottle; that is, more in the axis of the vagina. The male organ must now impinge, not as before, on the side of the cervix, or below it, but directly into the split and gaping os uteri, robbing it of its basement membrane and epithelium. The countless loops of nervelets and bloodvessels which form the villi are thus left naked. Their exposure begets an irritation which attracts an undue flux of blood to the cervix. The swollen mucous crypts and submucous tissues of the cervical canal push out before them the lining membrane, which thus becomes everted like the conjunctiva in ectropium. The constant fretting of the unprotected nerve-filaments excites local or reflex pains; or perhaps, nature having tried her hand at a tardy cure, a nerve imprisoned in a dense mass of cicatricial tissue is unduly pinched, and its outcries aid in keeping up the mischief.

**Laceration of the Cervix a Cause of Sterility, Miscarriage, etc.**—This lesion is so common a cause of sterility that I always suspect its existence whenever a guileless woman stops bearing after her first labor. The sterility is due partly, of course, to the disorders, the flexions, and dislocations of the womb which, as I have shown, follow such an injury. But it is due also to the acidity of the discharges, which kills the spermatozoa, or to the viscous plug of mucus which often closes the remnant of the cervical canal. Again, the deep notches in the cervix hinder that suction action of the womb during the sexual orgasm, just as the split nozzle of a syringe can not suck up a thin stratum of fluid. Further, the cervical canal denuded of its epithelium presents such a barrier to the migration of the spermatozoa as a desert does to the advance of an army. But these are not the only evils following such an injury. The weakened retentive power of the cervix often leads to repeated miscarriages. This I have known to happen over and over again. Often have I been obliged to puncture or to cross-hatch a brood of retention cysts which aided in the eversion of the mucous lining. Once I removed a sessile polypus as large as a pigeon's egg, which grew out of a cluster of exposed Nabothian glands. Further, I feel very sure that many an epithelial cancer of the cervix starts from such a constantly chafed and fretted surface; for, in my experience, a cancer of even a movable womb with a ragged notch on one side of the cervix apparently eaten down to the vaginal junction, is no uncommon event.

**Mistakes in the Diagnosis of Laceration of the Cervix.**—The diagnosis of such lacerations is

by no means so easy as one would *a priori* suppose. There exists, indeed, no visible and tangible lesion of the body in which errors in diagnosis are so frequently made as in this. It is often mistaken for cancer, but far more frequently for granular erosion—the so-called ulceration—of the cervix. When the flaps skin over without uniting, as they sometimes do, there can be little or no difficulty in the way of recognizing the nature of the lesion. The finger will then feel the fissure, and the eye see through the speculum a cervix notched like a bishop's miter when the slit evenly divides it, or gaping open like a shark's mouth when the slit unevenly divides it. But when the epithelium has long been shed; when the abraded surface is studded with enlarged follicles which feel like shot, or is roughened by red and angry-looking papillae; when the cervix has increased in bulk, and each lip has curled over like the ends of a split celery-top, or like a mushroom, the nature of the local trouble is very likely to be misunderstood. The pointing out of the mucous lining of the canal, and the curling over of the split lips so efface the original fissure, that often it can not be felt by the touch, or be seen by the eye. If a cylindrical speculum or an ordinary bivalve one be used, the convex surface of the cervix will be still more flattened out, and all traces of a fissure be so obliterated that the red, raw, and angry-looking papillae of the everted mucous lining of the cervical canal will be inevitably mistaken for an erosion, that is to say, for what is commonly called an ulceration of the womb. The illusion is so perfect that I do not suppose that there is a physician in this hall who has not made this mistake. I will go further, and venture to say that there is not a physician present who, if he confines himself to the use of the cylindrical speculum, is not now treating some case of cervical laceration for supposed "ulceration." My own past mistakes in this direction embolden me to make these assertions. Sometimes, on the other hand, the cylindrical speculum will so close the torn lips as to conceal both the fissure and the patch of erosion. When the bivalve speculum is used, the liability to error is not so great, but even with it mistakes are constantly being made. Not unfrequently, when the naked and everted cervical canal is unusually angry-looking, bleeding at the slightest touch, and perhaps fringed with cock's-comb granulations, epithelial cancer is suspected, and an unfavorable prognosis given.

**Proper Method of Diagnosis in Laceration of Cervix.**—What, then, are the means for diagnosis? If any one of my hearers has in his practice a case of stubborn erosion of the cervix, secreting a vitreous and ropy discharge, or bleeding at the slightest touch; one in which the cervix fills up the whole lumen of his speculum; one which improves by rest, but relapses with exercise; or say, one in which the sound can not be made to enter the canal at the center of an apparently patulous os, as it ought to were the os merely enlarged, but only at one end of it. Or if he have a case which by unremitting attention he has succeeded in skinning over, and yet in a short time his patient returns for treatment, as bad as before, with the new epithelium rubbed off by coition or by vaginal attrition—if he have such a case, let me ask him upon his return home to examine his patient for a rent of the cervix, first with the finger and then in the following way: Place the woman on her back, and use a base-opening bivalve speculum; or on her side, which is the better position, and introduce a duck-bill speculum. Take next



a uterine tenaculum in each hand, and hook the fore and hind lips of the cervix, each lip on its vaginal surface. Try now to draw the two lips together forward; and if a rent exists, they will come in contact, the cervix will become smaller, the supposed "ulceration" will disappear, and a cleft will run across the cervix. By such an examination he will probably find that the apparently superficial opening in the cervix, which he has hitherto taken for the *os externum*, is in reality the mouth of the uninjured portion of the cervical canal, and on a level with the forks of the fissure, being actually from half an inch to an inch away from the site of the original *os externum*. And he will by this time have discovered that the collar of erosion surrounding this supposed *os uteri*, which he has been trying for months to heal, is nothing more or less than the naked and chafed mucous lining of the split-open cervical canal. He will now take in the situation, and see that this delicate membrane can not be healed unless shielded, and that it can not be shielded unless by the restoration of its protecting canal.

**Treatment of Laceration of the Cervix.**—An acute laceration of the cervix should be treated by rest so long as inflammatory symptoms keep up, and by great cleanliness. The vagina should be washed out twice daily by weak solutions of carbolic acid or of the potassium permanganate; for it is asking too much of nature to heal kindly a wound drowned and sodden in a puddle of stinking lochia. If hemorrhage be profuse immediately after the accident, a lump of ice should be placed in contact with the cervix. This failing, vaginal injections of alum or of tannin may be made, but not of iron, which interferes with immediate union. In very bad rents it would perhaps be best to stop the bleeding by the introduction of silver-wire sutures. In any case I think it should be the duty of an obstetrician to examine his puerperal patient carefully both immediately after labor and just before he gives up his attendance upon her: so that if a rent of the cervix exists, he may discover it and be prepared to meet it *secundum artem*. Should the rent fail to close, and his patient refuse an operation, the best treatment will be that which lessens the local congestion and tends to glaze over the naked villi. These ends are best furthered by vaginal injections of at least a gallon of water as hot as can be borne, by the puncture of the retention cysts, by the nightly introduction of a tampon charged with glycerine, or by vaginal suppositories containing tannin or the persulfate of iron. One dram of tannin together with half a dram of metallic iodine dissolved in an ounce of flexible colloidum makes an excellent application. It protects the raw surface by an alterative, styptic, and elastic pellicle, which lasts for several days. Good will also be gained by painting the eroded surface every five days with a saturated tincture of iodine, followed occasionally before it dries by a weak solution of the silver nitrate. This forms a protective and alterative crust of the silver iodide. The common practice of treating these erosions with the solid stick of lunar caustic is a bad one, on account of the cicatricial tissue which it leaves behind. Such a dense and gristly tissue often pinches peripheral nerve-filaments so severely as to produce ovarian or uterine neuralgia, wholly or partly quenching sexual desire, and causing other psychological disturbances. Often a pessary will do good, if for no other reason than that of lifting up the cervix off from the vagina, and of stopping the friction of locomotion. As the menorrhagia

in these cases often comes from fungoid proliferation of the endometrium of the subinvolved womb, much advantage may accrue from the use of the curette.

**Operative Treatment of Laceration of the Cervix.**—Should an operation be decided upon, it must not be hastily undertaken. Success depends largely upon the state of the woman's health, and on the condition of her pelvic organs. Some preparatory treatment will usually be needed. The preliminary use of the curette is always good practice whenever the monthlies are profuse. If the womb be fixed, or the roof of the vagina be hard and tender, an operation would be very likely to rekindle the embers of a previous attack of pelvic inflammation. If the cervix be engorged with blood, or be studded or stiffened with enlarged Nabothian glands, the denuded surfaces will probably not unite. Blood must be taken from the cervix by scarification, and these glands must be punctured and emptied. Vaginal injections of a gallon of hot water twice daily will be of service. So also will local applications of carbolized iodine and vaginal suppositories containing half a grain of morphia and three of tannin. Pledgets of absorbent cotton dipped in a glycerole of tannin and packed in front of the cervix and behind it, will meet two ends. They will make the cervical tissues more healthy, and will keep the lips from spreading apart. If the broad ligaments be tender, small blisters over them frequently repeated will do much good. In such cases I am in the habit of prescribing small doses of corrosive sublimate united either with the muriate of ammonium, or with the muriated tincture of iron. When all traces of inflammatory deposits have disappeared, the time has come for the operation, but not before, as a rule. In one obstinate case, however, I attributed their persistence to the irritation set up by the cervical lesion, and by curing this I cured the phlegmon; but this is hazardous practice. The proper time for an operation in the female organs of generation is during the week following that of the menstrual flux. My own mode of performing it is as follows: The woman is placed on a table either in the left lateral position, or on her back in the lithotomy position,\* and the duck-bill speculum introduced. The operator first separates the lips of the fissure by two tenacula, so as to find out the position of the cervical canal. He then draws them together in order to determine the site and the size of the future *os externum*, due allowance being made for after-shrinkage, which, on account of the mushroom-form of the cervix, will be greatest at this point. Having thus mapped out the amount of tissue needing denudation, he studies the cervix by one tenaculum or by a double one, which he hands over to an assistant—and I may here say that three assistants will be needed. Next, he pares the lateral edges of what is to be the *os externum*, and passes on each side of it through both lips of the cervix a long iron-wire suture. Tracti-n on these two strong wires by an assistant will drag the cervix down within manipulative reach. The operator then proceeds to denude the edges of the fissure and to dissect away all cicatricial tissue. If the fissure be double he begins on that side of the cervix which is the lower as the woman lies, so as not to be annoyed by blood trickling down from the upper one. To avoid hemorrhage from that erectile and therefore vascular body, the cutting should ordin-

\* The lithotomy position is one of the very best for most of the operations on the female sexual organs. As recommended by the late Professor Simon, I have found it to answer admirably in operating for vesico-vaginal fistula.

ily be done by scissors, and for convenience by two or three scissors with varying curves. But the knife is by all odds the better instrument, and it can always be unhesitatingly used whenever the cervix can be dragged down to the vulva; that is, within easy manipulative reach in case of profuse hemorrhage. I have repeatedly carried the dissection completely around the cleft in one single strip, but this can not always be done, especially when the fork of the rent dips down to or below the vaginal roof. A delicate knife curved on the flat then comes handy. In freshening so deeply situated an angle, the circular branch of the uterine artery is in danger of being wounded. In one of my operations it spouted far enough to spatter my face and clothing, and was not readily controlled. The hemorrhage during the operation is free, and by obscuring the parts often troublesome. For staunching this, Emmet recommends a watch-spring tourniquet placed high up on the supra-vaginal cervix; others employ the loop of a wire écraseur, but I do not use them, for fear that they may injuriously constrict the bladder or the peritoneum in Douglas's pouch. I have, however, found that traction on the ends of a wire suture passed deeply below the fork of the wound will stay the hemorrhage, at least enough to permit further careful denudation, while subsequent coaptation of the raw edges by stitches will effectually stop it. If the flaps are too dense and too much curled over to be brought into close contact, their redundant convex surfaces must be shaved off. The introduction of the sutures is by all odds the hardest part of the operation. The ordinary surgeon's needles are not strong enough to penetrate the dense and gristly cervix. Twice have I had them to snap and to leave a fragment in the cervix, but with no appreciable result. The best needle for this purpose is the short, round, lance-pointed one devised by Dr. Sims. Armed with a loop of silk, it is passed by means of a strong needle-holder. This loop is made by waxing the ends of a fine silk ligature, and passing them together through the eye of the needle. They are then separated and tied in a half-knot around the loop just beyond the needle. Each suture, preferably now of silver, is passed by bending its end sharply and hooking it over the silk loop, and each one is secured either by twisting or by a perforated shot. If the sutures are put in properly, hemorrhage can not take place from the denuded surfaces, but it sometimes comes from a suture track, in which a vessel has been wounded by the needle. However arising it may be staunching, as Emmet advises, by vaginal injections of water as hot as can be borne, or by a saturated solution of alum, which in my opinion is one of the best of hæmostatics, besides not interfering with union by the first intention. I have, however, never met with a bleeding sufficient to need any kind of treatment whatever. The pain after the operation is very trifling, barely exceeding what most women suffer at their monthlies. The after-treatment consists in keeping the patient bedfast for two weeks, in binding the bowels for six days, and in drawing the water for eight and forty hours. At the end of that time the woman may get on her hands and knees and empty her bladder herself. I prefer this position to that on the bed-pan, because in the latter there is some danger of the urine trickling down into the vagina, and reaching the wound. After the third day the vagina may be washed out twice daily with a weak carbolized solution. On the seventh day a cathartic should be given, and by the eighth or the ninth the stitches can be removed.

I do not like to leave them in longer lest they should cut such deep furrows into the cervix as must heal by cicatricial tissue. When performed with care, and after the manner which I have described, this operation is perhaps the most successful one in uterine surgery.

**Aching Kidney.**—J. Matthews Duncan, M. D., LL. D., in Medical Times and Gazette:

—This disease is sometimes, both in men and women, very easily recognized. There are aching in cases of what is called floating kidney. The patient can put her hand on the lump, and say, "Here is the pain," and there is no difficulty in recognizing the disease. But there are some cases in which the disease is very difficult to identify. In pregnancy, for instance, right or left hypochondriac pain is very frequent. In many cases I have been able to be quite sure, from the history before and after pregnancy, that the disease was not to be classified in the vague way that is implied in giving it the name of hypochondriac pain, but that it was really a case of aching kidney. In pregnancy you have the very opposite conditions to those in floating kidney. If pregnancy is advanced, you can not get at the kidney to feel it and identify its position. Here I may remark that, while the disease often occurs in pregnancy, yet some women who are liable to it do not suffer while in that condition.

The disease in women is not a rare one, and its characters are the following: One or other kidney is the seat of pain. It is not a neuralgic pain; it is a heavy, wearing pain deep in the side. It is in the region of the kidney; and in many cases, as I shall presently tell you, you can easily identify it as being in the kidney itself. It is not generally that kidney-pain which is a familiar symptom of calculus. In such cases the pain is the pain of the pelvis of the kidney. You have in the region of the small ribs a boring or a nail-like pain. Patients with aching kidney generally point to the hypochondriac region, not to the back, as they often do in cases of calculus in the kidney. This pain is frequently accompanied by pain in the corresponding lower limb, referred most frequently to the course of the sciatic nerve, sometimes to the course of the anterior crural. The pain is often accompanied (and you will find this of importance throughout all the subjects of this lecture) by irritability—I do not say disease—of the bladder; and it is frequently accompanied by pain in the region of the ureter corresponding to the kidney affected. This pain is not rarely present only during the monthly periods. When it is present only during the monthly periods it may be classed with that disease, which is very ill defined, called dysmenorrhea. It should never be placed there unless you wish to use the word dysmenorrhea in a very wide sense. If we use the word as including aching kidney, we might as well use it as including headache—a use which would be in accordance with what is extensively done by writers. This disease, however, often eludes the examination of the physician, because it occurs in many cases only during the monthly periods. In all cases it is then aggravated. I do not think I have ever seen a case in which the patient did not volunteer the statement that the pain was worse at the monthly time.

It is not usual to find both kidneys aching; and I guess—I can use no stronger word—that the left kidney is much more frequently the seat of disease than the right one. You are not left in your diagnosis in all cases merely to identification of the seat

of the pain, although that may be sufficient. Frequently in the region of the pain you can find distinct fullness; that is a very important condition that I have not time to explain to you. It can scarcely be made out in a fat woman; but in many cases this condition of fullness over the affected kidney is easily recognized. In addition, swelling of the kidney or of the suet, or of both, is not rarely to be made out. The physical examination of the kidney is too much neglected. It is not in floating kidney only that you can feel the organ. In many women who are not nervous, yielding themselves freely to examination, and who are not fat, you can feel the kidney with distinctness; and in cases of this kind you can frequently make out, as I have said, that there is a swelling of the kidney or of the suet, or of both. There is also generally tenderness, sometimes great tenderness.

The treatment is to be conducted on the general principles applicable to the therapeutics of neuralgia or slight hyperemia; and these two conditions are not so very remote from one another as may at first sight appear. A neuralgia sounds as if it were something quite different from a hyperemic condition; but that has to be proved. The remedies I have found of most service in simple cases of this kind are tonic regimen and tonic medicines, especially iron in the form of the tincture of the perchloride combined with mild diuretics in small quantity, and especially the common sweet spirits of niter.

**The Plague in China.**—The late Dr. David Manson, writing from Amoy, in the China Imperial Maritime Customs Medical Reports, gives the following notes, by Mr. E. Rocher, upon the plague in Yunnan:

The sickness known in Yunnan under the name of Yang-tzu, and which appears to be nothing else than the plague, carries off yearly many victims from that province.

According to the men of note of the various districts, the disease appears to have been imported from Burmah. It is exceedingly difficult to say when it was first introduced. The learned say—and a great part of the population hold the same opinion—that the center and east of the province were exempt from the plague until the outbreak of the rebellion; while others assert that it had appeared in the extreme west, near Talifu, several years before this date. It is extremely difficult to fix these dates; but, supposing the last statement correct, the disease must have passed over very lightly, seeing that neighboring districts were not cognizant of its presence. Since the commencement of the civil war, however, it has spread over the whole province, decimating the population.

There is a fact that inclines one to think that the epidemic is owing to exhalations from the soil, and it is this: those animals that live in the ground, in drains or in holes, are the first to be attacked. This is particularly noticeable with the rats. As soon as these animals are ill they leave their holes in troops, and, after staggering about and falling over each other, drop down dead. The same phenomenon occurs in the case of other animals, such as buffaloes, oxen, sheep, deer, pigs, and dogs. All are attacked, but the dog less severely than the others.

When these phenomena appear it is not long before the disease spreads to man; and, knowing this, the people take every precaution to guard themselves from the plague. They begin to purify their houses

by lighting fires in every room, and in certain towns they abstain from pork. In man the disease commences with a slight fever, which rapidly increases, and in a few hours becomes very violent. The patient clamors for drink, and his thirst is insatiable. By-and-by a dark red swelling shows itself in the armpits, groins, or neck, and the fever continuing to augment, the patient becomes rapidly unconscious. The bubo increases till the second day, after which it remains stationary, and when it has attained its full size it is about as large as a hen's or goose's egg. At this stage consciousness returns, but there is still great danger; for if the swelling, which up to this point is very hard, becomes soft, and if the fever still continues, the case is considered hopeless. On the contrary, if the tumor opens externally, which is a very rare occurrence, there is a chance of recovery. Some Chinese physicians have attempted to cut these tumors; but either they have delayed the operation till too late, or else they have performed it imperfectly, for few have survived this treatment. Many of the practitioners whom I have seen at work do not hesitate to declare themselves powerless; and instead of giving a quantity of medicine, as is their practice in ordinary cases, content themselves with prescribing large doses of musk as a last resource.

**'A Curious Neurosis Due to Fright.**—*St. Petersburg Medicinische Wochenschrift*: A laborer, aged sixty, stated that he had always enjoyed good health, but was always very susceptible to fright; he had frequently suffered from rigors as a result of sudden fright; but these quickly passed off under the influence of a little diffusible stimulant. Once he had an attack of erysipelas in the leg, which he also ascribed to fright. He had never been intemperate in his habits. One day last March he was greatly frightened by one of his children letting fall a toy from the table, and at the same time shrieking loudly. He at once suffered from an attack such as will shortly be described. The attacks were repeated, with very short intervals, until he was admitted to hospital two days later. Dr. Holst found him walking about in the ward, and had hardly begun to converse with him as to his complaint, when the patient was suddenly stopped in his speech by a frightful grimace; his mouth was widely opened, the eyes became staring, and he uttered a hollow groan. His arms were spread out, and he seized hold of any neighboring object. On one occasion this was the physician's leg. The patient then stood firmly for a time with somewhat bent knees, and was evidently unconscious. In one or two minutes the groan changed into loud weeping; then, quite suddenly, the patient's expression became normal, he looked about him with an astonished air, passed his hand several times over his eyes, and said, "Now I am all right again." He was again quite conscious, and answered questions intelligently, but could only describe his attack by saying that something came over him, and that he became unconscious. During half an hour's observation, attacks continued to occur at intervals of from three to five minutes. The individual attacks varied somewhat in form, in that the distortion of the countenance was not always the same; sometimes the patient uttered no sound, and occasionally the attack commenced with an unnatural laugh. The end of the attack was sometimes characterised by quite a remarkable look of utter astonishment; at other times it came on more gradually, the weeping passing into a loud-spoken prayer, with devoutly uplifted arms, during which consciousness



had evidently returned. After Dr. Holst had observed a number of these paroxysms, the idea occurred to him to try what would be the effect of a new psychic impression upon his condition. In the middle of an attack, the doctor suddenly ran to his patient, shaking him violently by the arms, and shouting loudly to him, "What has come to you? How dare you misbehave yourself in this way?" He instantly became conscious, looked at the doctor in astonishment, and respectfully asked if he had given any offense. After a short time, another very slight attack occurred; the same procedure was adopted; and the patient, rubbing his eyes, asked what had happened to him. He was then left, no other treatment being ordered. Next day, he was reported to have had no return of the paroxysm. When the doctor entered the ward, the patient at once came and thanked him heartily for having freed him from his trouble. On being asked what had occurred the previous day, he said he only knew that the doctor had come into the ward and frightened him very much, and that this had cured him of his dreaded fits. He also stated that he had felt several slight paroxysms since the previous day; they consisted, however, only in a slight trembling, which, being fully conscious, he was able to overcome without their being noticed by the persons around him. On the next (third) day, as no further symptoms had been presented, he was discharged cured.—*London Med. Record.*

**Spirit of Walnut for Vomiting.**—Ed. Mackey, M.D., M. R. C. P. (London Practitioner), recommends the spirit of walnut, made after the following formula, for vomiting: Fresh walnuts,  $\frac{3}{4}$  xxx; spirit of wine (rect.),  $\frac{3}{4}$  xij; water, q. s.; distil,  $\frac{3}{4}$  xvj. He says: "My own experience is, in general terms, of quick and marked benefit from dram doses, given every one to four hours, in a little water, for hysterical vomiting, for that of obstinate dyspepsia, and of pregnancy, for anomalous cases, and even for cerebral vomiting. I have tried it in septicæmia, and can not be surprised if in that case I was disappointed; in the other cases it has always given more or less relief."

**Stewart on Chloride of Ammonium in Hepatic Diseases.**—Dr. Wm. Stewart adduces fresh instances of the vast value of this agent in diseases of the liver, in the *British Medical Journal*:

The following remarkable train of effects follows the ingestion of a twenty-grain dose, the only contra-indication for its use being a dry and hot skin; under which circumstances some simple diaphoretic ought to precede its administration. As a general rule, about fifteen minutes after taking the medicine the patient experiences a sensation of warmth in the epigastrium, which by-and-by extends, pervading the abdomen, and gradually becomes diffused over the entire cutaneous surface. The nervous system becomes exhilarated, the circulation excited, the patient feeling light-headed or possibly drowsy. Acute pain, previously felt in the hepatic region, is either entirely removed, or, in its place, pain is referred to the axillary region, where it was not previously complained of; the patient now often falls asleep, and shortly a full and free perspiration breaks out, lasting one or two hours. Again the pain returns to its original position, but mitigated; and with the next dose of medicine, at the expiration of six or eight hours, similar phenomena result. After several doses the urine becomes very abundant, the appetite is much improved, and the hepatic mischief vanishes. Sometimes after tak-

ing the chloride (in five minutes to half an hour) a peculiar sensation may be felt in the hepatic region, variously described by patients as a "shock," "pulling," "pins and needles," a "clawing," "working," or "gnawing sensation," none of which are to be interpreted as the medicine disagreeing, but the contrary. Dr. Murchison, in the second edition of his work on *Diseases of the Liver*, thus speaks of the drug: "The chloride of ammonium holds a pre-eminent place" among remedies for functional disorders of the liver, "being of great service in the functional derangement or the liver attended by lithæmia."

**On the Treatment of Colic.**—Dr. D. L. Phares, in the *Transactions of the Mississippi State Medical Association*, 1878, directs attention to the mechanical treatment of colic. This consists in simply supporting the patient in an inverted position; in other words, in standing him on his head. In some instances, cases that have for hours or days resisted all ordinary treatment, have by this simple means been relieved and permanently cured in from one to five minutes. Cases attended with most intense pain, vomiting, and other phenomena of so-called "bilious colic," have been thus cured. Relief is sometimes obtained by the knee-breast position, or by suspending the body by means of the thighs and legs extended across a high bed or table, the arms and hands being free to assist in giving support to the head. But complete inversion is the most sure and prompt remedy. The majority of cases of colic result from mechanical influences, and it is but reasonable to seek relief in mechanical counter-influences. Several very distressing cases are remembered as being instantly cured in the inverted position, solely, as the patient avers, by the escape per anum of a single small bubble of gas, without explosive noise. Other cases of most agonizing character have been instantly and permanently cured by a change of position of gas in the bowel, effected so quickly as barely to be noticed by the patient. Often the pain vanishes the instant the vertical position is assumed, and does not return so long as this posture is maintained. But relief is not usually permanent unless some movement of gas be felt. Such movement may be perceived by the patient very promptly, or one minute or more may elapse; rarely no movement at all is perceptible, and yet the relief may be complete. This treatment is not presented as infallible in all cases; from the very nature of the obstructions it is reasonable to expect some failures.—*London Med. Record.*

**Elastic Crayon of Nitrate of Silver.**—Dr. Pajot takes a laminaria-tent, two millimeters ( $\frac{1}{2}$  inch) in thickness, dips it in some thick mucilage, and rolls it in finely-powdered lunar caustic. When it dries, he has a crayon, of the usual thickness of a stick of nitrate of silver, which can be introduced into the cavity of the uterus without fear of breakage. In the same manner applications can be made to other cavities, and if necessary, with stronger remedies.—*All. Med. Cent. Zeit.*

**Umbilical Hernia in Pregnancy.**—Strangulated umbilical hernia is liable to occur during gestation; and pregnancy, according to Sir Astley Cooper, does not appear to add to the risk of the operation. Sir Wm. Lawrence has operated successfully in the well-advanced pregnant state, considering it a reason for rescuing the patient as quickly as possible from the danger of her rupture.—*Dr. Potter, in Buffalo Jour.*